

DATE: December 29, 1977

To : File

FROM : Joshua Lederberg  
Professor and Chairman - Genetics

SUBJECT: Conversation with Clayton Rich on December 29th, 1977

1. I reviewed the general issues of schedule, urging on him the importance of making the earliest possible arrangements for continuity of Departmental leadership. He expressed his own satisfaction that there were clear directions that that could take and there should, therefore, be no difficulty. I urged, and believed that he accepted, the concept that there should be a choice by March 1. However, it still would be that my retirement from the position would be September 1 or whatever else was mutually accommodated.
2. We discussed a number of issues connected with resources for the Department which he was unwilling to tie down firmly. He pointed out that there would probably be an overall reduction in programs and faculty in the Medical School over the next few years, and that Genetics had to be viewed in that same framework. He certainly had his eye on the questions of available space and thought that the direction that would have to be undertaken for the instrumentation-related work and for Gilda Loew had to take those matters into account. I told him that I would still be talking to the Provost about the possibility of a new line appointment on the basis of affirmative action grounds for Gilda.
3. I mentioned my speculation about Purnell Choppin. Clay was surprised at the thought that he was a viable alternative there, but took the information under advisement. We did talk about the inappropriateness of the approaches to ~~Ellis~~ Huang, with which Clay tends to agree; but he is still as intrigued about the idea of getting the "Baltimores" at any cost as perhaps is Dave Korn. I should talk to Dave myself about his side run on this.
4. With respect to space, I should check with Ed Feigenbaum about making provision to move SUMEX into the computer science space if possible.
5. I told him about my general overtures to David Packard and my intentions of pursuing them discreetly on either a West Coast or East Coast basis during the next few years. My guess is that California would be a better situs, but we still need to find some framework for program definition and leadership before he is likely to go much further.

Alice

## Conversation with Clayton Rich

6. We then went on to talk about a number of management issues connected with a comparison of Rockefeller and Stanford. Clay said that the medical school was unique around the university in the responsibilities that chairmen have, and this was connected with the much higher percentage of time and funding devoted to research. When I first ask him what were the means that he had for program direction, his main answers were the inhibitory controls that were available to him: the programs that could be discouraged from getting started or could be starved out if necessary. There might be policy problems connected with some of these as he viewed the Whitehead approach, although he is retrospectively somewhat more ambivalent; he also would take a strong line on not starting things that "do no harm", but dissipate intangible resources.

On the positive side he pointed out that there are limited discretionary resources available to the Dean. Sometime ago he had made a calculated decision to give up his remaining reserves in order to provide better for clinical teaching. And then, of course, we were all killed by the inflation and the building cost overruns of recent years.

So he ended up that dollars, people and space were the disposable resources. He does not feel able to get into departmental budgets or into any of the detail of research content.

At several points he stressed the difficulties of getting enough and quality of staff for program analysis, even things like space reallocation. He said that he had been under very sharp criticism for what others had viewed as an over expansion of the associate deans and had pulled back when Larry Crowley left to go to Wisconsin. I asked him whether he thought this was entirely a budgetary matter or whether too much prestige was being allocated to people whom the faculty did not regard as their peers. He had thought it was budget, but admitted that he thought that there might be more to the latter point.

I pointed out some of the problems of getting a sufficiently high perspective on issues like the physiology directions committee and admitted my own short fall in the report of the committee: I was not acting like a dean, but fending my way between some very strong status-quo oriented views. He well knew that this was behind my reluctance to submit a formal report. However, it also emerged that what that committee did not say was equally important and that it was possible to make other arrangements for the disposition of Fairchild space on the strength of what we did come out with, so it did satisfy that political role.

## Conversation with Clayton Rich

The issue of staff came out again with respect to the efficiency with which the board is able to operate, and in that respect he contrasted the University Board, which is beautifully staffed, with that of the Childrens Hospital.

I talked a little bit about increasing the leverage on general funding at Rockefeller and what incentives to offer for the scut work of doing it. I would place particular stress on providing better staff support for handling just the paper work involved which only compounds an emotionally and intellectually exhausting experience.

He speculated about allowing grant funding credits to be used for optional appointments at the assistant professor level. I complained that to put this into any formal framework would be to totally disperse programmatic control and give it entirely into the hands of the federal agencies. My own view would be to find a way to plough back any surpluses that can be generated in this way into assurances of program stability and offering of risk capital. That was a somewhat novel concept, and we did not get into the details of how that could be implemented, but I indicated and he agreed that we might try to look further into possible mechanisms. He recalled, having heard many conversations, in the late forties about the deflection of loyalties of faculty from the university to the funding sources under the impact of federal grants. He did not, however, have any literature to suggest on that point right away, but thought that the AAMC might be a place where that was collected.

As a general management issue he pointed out that there are a great many more things that one would like to do from the Dean's office, but that one tends to be pulled by acute crises to give priorities to the immediate survival issues and that always competes with long-range planning. When he first came to Stanford he did get a bottom-up plan, and certainly Clay is much more of a conciliator and interpreter of others' views than would probably be my own bent.

In my discussion with Bill Miller yesterday, I had been a little disappointed at his lack of resonance with some of the policy control issues connected with grant funding, but realized that he deals with the Deans rather than with the individual entrepreneurs and is, therefore, not in quite the right place. In fact there is a structural problem at an institution like Stanford in that the department heads have a great deal of responsibility for program development and management, but tend not to regard themselves as administrators and therefore tend to avoid a systematic view of the groups for which they have responsibility. On the other hand, they tend to preempt the kind of system management that might be forthcoming from the dean's office. Clay said that the picture is a little different in the School of Humanities and Sciences because a good deal of the management work that is done in the departments of the School of Medicine is done in the Provost office over there. That has to do with the emphasis on university funded educational missions as compared to grant funded research.

We had some discussion about the Rockefeller Hospital. He said it was

a problem 20 years ago; he felt somewhat out of place at Rockefeller, but was able to stay alive as a clinician by working over at Cornell. We had some discussion about who defines the central mores of the Institution. That is a difficult problem, but there is likely to be some tension between the senior figures among the faculty on the one hand and the president and the board on the other. The principal directions will be defined somewhere in between. I remarked that I thought that the work that Vincent Dole and Tony Cerami were doing was inherently as important as is the best in biochemistry and molecular biology, not more not less, and that I was trying to build an institution where there would continue to be creative interaction between those different components. Clay agreed about the importance of a clinical motif as part of the culture of the institution and then made the remark that it was important that the department of biochemistry not be the same as a department of biology; the productivity of basic research is very much connected with there proximities to medical schools. I expressed my astonishment that he should have this picture about Stanford, and indeed my view that this was not the case and was getting worse: he responded that perhaps that was right and he was still thinking about Seattle! Well, I guess I should look better into Seattle as a model for what I am looking for. It is surprising to me that this is an issue about which he and I can still have such disparate views.

Further, about the Rockefeller Hospital: Clay said that 30 beds is not all that small -- the Medical Service at Stanford is only 42 beds, although there were important issues about ancillary services and so forth. The question simply is how to do that well, and that will require much deeper examination. I think that Clay would be an excellent member of a visiting committee, and by implication I was broaching that to him at the present time.

He suggested the NIH clinical center as a model with many of the same problems even on a larger scale.

I asked about the AAMC, and he wondered if there really would be much point in RU joining that. AAMC tends to respond to the average medical school which is a non research, state school with primary preoccupations for medical education. He did mention as alternatives the committee on funding of higher education; also a consortium of ten universities of which Dick Lyman is a central force. Obviously, I should talk to Dick about that.